

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K42171**

1. Entity Name  
**AUTO CLUB SOUTH FINANCIAL SERVICES, INC.**



Principal Place of Business  
**1515 N. WESTSHORE BOULEVARD  
TAMPA, FL 33607**

Mailing Address  
**1515 N. WESTSHORE BOULEVARD  
TAMPA, FL 33607**



**DO NOT WRITE IN THIS SPACE**

01102005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2955503**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**O'BRIEN, THOMAS E  
1515 N. WESTSHORE BLVD.  
TAMPA, FL 33607**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SHARP, ROBERT R.
STREET ADDRESS	18710 PEPPER PIKE LANE
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	P
NAME	O'BRIEN, THOMAS E.
STREET ADDRESS	315 INNER HARBOUR CIRCLE
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VPS
NAME	POTTS, CINDY
STREET ADDRESS	709 MARCO DRIVE, NE
CITY-ST-ZIP	ST PETERSBURG, FL 33702
TITLE	V
NAME	TOMLIN, JOHN A.
STREET ADDRESS	18008 CLEAR LAKE DR.
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	VT
NAME	MCKEE, ROBERT A
STREET ADDRESS	2916 CYPRESS RIDGE
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Cindy M. Potts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #